

2004 MASSACHUSETTS DEPARTMENT OF REVENUE

MASSACHUSETTS ESTIMATED INCOME TAX

File voucher no. 1 with first payment, voucher no. 2 with second payment, voucher no. 3 with third payment and voucher no. 4 with fourth payment.
Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.

VOUCHERS ARE ON PAGES 2 THROUGH 5

Social Security number	Spouse's Social Security no.	Due date	Voucher 1	Estimated tax for the year ending / / MONTH DAY YEAR
Last name (print) First name and initial (and spouse's, if joint return)				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$
City/Town State Zip				3. Amount of this installment (from line 11 of estimated tax worksheet): \$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204. For Privacy Act Notice, see instructions for the form you file.				Check which form you plan to file: <input type="checkbox"/> Form 1 Full-Year Resident <input type="checkbox"/> Form 1-NR/PY Nonresident/Part-Year Resident <input type="checkbox"/> Telefile <input type="checkbox"/> Nonresident Composite Return

Social Security number	Spouse's Social Security no.	Due date	Voucher 2	Estimated tax for the year ending MONTH / DAY / YEAR
Last name (print) First name and initial (and spouse's, if joint return)				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$
City/Town State Zip				3. Amount of this installment (from line 11 of estimated tax worksheet): \$
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Social Security number	Spouse's Social Security no.	Due date	Voucher 3	Estimated tax for the year ending MONTH / DAY / YEAR
Last name (print) First name and initial (and spouse's, if joint return)				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$
City/Town State Zip				3. Amount of this installment (from line 11 of estimated tax worksheet): \$
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Social Security number	Spouse's Social Security no.	Due date	Voucher 4	Estimated tax for the year ending MONTH / DAY / YEAR
Last name (print) First name and initial (and spouse's, if joint return)				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$
City/Town State Zip				3. Amount of this installment (from line 11 of estimated tax worksheet): \$
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